

04/25/01



JC971 U.S. PTO

EXPRESS MAIL NO. 6331028US

04-27-01

A

PATENT

CASE 3167/12 US

NEW APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

John P. McKearn, 18612 Babler Meadows Dr., Wildwood, MO 63038;
Gary B. Gordon, 3282 University Ave., Highland Park, IL 60035;
James Cunningham, 3733 North Bell Ave., Chicago, IL 60618;
Stephen T. Gately, 1325 Sterling Ave, Palatine, IL 60067;
Alane T. Koki, P.O. Box 213, Beaufort, MO 63013;
Jaime L. Masferrer, 1213 Blairshire, Ballwin, MO 63011

TITLE:

ANTIANGIOGENIC COMBINATION THERAPY FOR THE TREATMENT OF CANCER

Commissioner of Patents and Trademarks
Washington, D. C. 20231

Sir:

Transmitted herewith for filing is the above-identified patent application which, in accordance with 37 CFR 1.51, comprises:

- ☒ Abstract and Specification including 181 Claims
(277 Pages)
- ☐ An Assignment of the application and a Declaration and Power of Attorney
- ☒ An Assignment of the application and a Declaration and Power of Attorney to follow under separate cover
- ☐ Sheets of formal/informal drawings_____.
- ☒ Post Card
- ☒ Fee Transmittal Sheet
- ☒ This application claims the priority of U.S. Application Serial No. 09/470,951, filed December 22, 1999 and U.S. Provisional Application Serial No. 60/113,786.
- ☐ Information Disclosure Statement (37 CFR 1.97)
- ☐ Preliminary Amendment
- ☒ A **triplicate** copy of this transmittal letter is enclosed.

Pharmacia Corporation
Corporate Patent Department
P.O. Box 5110
Chicago, Illinois 60680-9889

James M. Warner
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09/843132
04/25/01

Application Number: TBA
Filing Date: April 25, 2001
First Named Inventor: John P. McKearn
Group Art Unit: TBA
Examiner's Name: TBA
Attorney Docket Number: 3167/12
Title: ANTIANGIOGENIC COMBINATION THERAPY FOR THE
TREATMENT OF CANCER

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge the fees indicated below to **Deposit Account No. 19-1025.**
☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 37 C.F.R. 1.17 to **Deposit Account No. 19-1025.**
2. ☐ Check enclosed.
3. ☒ The Commissioner is hereby authorized to charge any under payment or credit any over payment to **Deposit Account No. 19-1025** that may ever occur with respect to this application.

FEE CALCULATION

1. ☒ BASIC FILING FEE: \$710 (type of application: **NONPROVISIONAL**)
2. ☒ TOTAL CLAIM FEE: **\$3,138**
Total number of claims: **181**
Extra fee = $(181 - 20) \times \$18 = \$2,898$
Number of independent claims: **6**
Extra fee = $(6 - 3) \times \$80 = \240
Number of multiple dependent claims: **0**
Extra fee = **\$0**
3. ☐ ADDITIONAL FEES: **\$0**
☐ Surcharge --- late filing fee or oath
☐ Surcharge --- late provisional filing fee or cover sheet
☐ Extension for reply within ___ months
☐ Notice of appeal
☐ Filing a brief in support of an appeal
☐ Request for reexamination
☐ Petitions to the commissioner
☐ Submission of an information disclosure statement
☐ Recording each patent assignment per property
☐ Other: _____

TOTAL AMOUNT OF PAYMENT: **\$3,848**

James M. Warner
James M. Warner, Reg. No. 45,199

4/25/01
Date

JMW/skr

